

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4	1					
5	1					
6	5					
7	1					
8	3					
9	3					
10	3					
11	3					
12	3					
13	3					
14	3					
15	3					
16	3					
17	1					
18						
19						
20						
21						
22						
23						
24						
25						
26	1					
27	1					
28	2					
29	1					
30	3					
31	1					
32	1					
33	1					
34						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	57					
TOTAL CLAIMS	58					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS